Healthy Maine Partnerships

- Healthy Maine Partnerships cover 99.7% of Maine's population.
- HMPs work to assist local communities make physical activity, healthy eating, and living a tobacco-free life easier to achieve.
- Each HMP also has a School Health Coordinator in at least one school district; 20% of Maine schools are covered, reaching 40% of school-aged children statewide.

Healthy Maine Partnerships

- Braid funds available, including; Maine CDC FHM, USDA, US CDC, OSA Block Grant, and OSA FHM.
- Coordinate through state level programs the expectations for the 27 local HMP coalitions and affiliated schools, leveraging similar types of work.

What are HMPs?

"Healthy Maine Partnerships is established to provide appropriate essential public health services at the local level, including coordinated community-based public health promotion, active community engagement in local, district and state public health priorities and standardized community-based health assessment that inform and link to district-wide and statewide public health systems activities." Public Law, 2009

Goals for HMPs:

- Ensure that Maine has the lowest smoking rates in the nation.
- Prevent the development and progression of obesity, substance abuse, and chronic disease related to or affected by tobacco use.
- Optimize the capacity of Maine's cities, towns and schools to provide health promotion, prevention, health education and self-management of health.
- Develop and strengthen local capacity to deliver essential public health services across the State of Maine.

July 1, 2011 – June 30, 2016

Tobacco

- Every year, tobacco is responsible for about 1/4 of all deaths in Maine
- For every person who dies from tobacco use, another 20 suffer with at least one serious tobacco-related illness.
- Over 40% of children have at least one smoking parent.

Tobacco Use Prevention, Cessation and Treatment

- FHM funds major portions of the Partnership For A Tobacco-Free Maine program carried out by staff and contracts; including 2 FTE, youth prevention, tobacco cessation and treatment, and preventing exposure to secondhand smoke.
- PTM does not receive any General Funds.
- Federal funds from US CDC pays for 6 of 8 program staff as well as some programmatic work
- Under US CDC ARRA, the program received funds till March 2012 to enhance HelpLine outreach and under US CDC ACA, funds to understand MaineCare members' motivation to quit smoking
- FDA funds enforcement of FDA tobacco retail regulations.

Obesity

- Two-thirds of Maine adults are overweight or obese
- Unhealthy diet and physical inactivity is the second leading preventable cause of death in Maine, second only to tobacco.
- Obesity, poor nutrition and physical inactivity are contributing causes to multiple chronic diseases, including diabetes, cancer, and heart disease.

Obesity

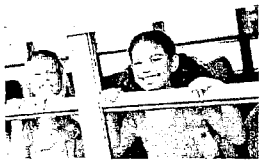
- FHM supports 3 staff in the Physical Activity, Nutrition, Healthy Weight Program and a contract with the Harvard Prevention Research Center for education and training to address childhood obesity
- USDA Supplemental Nutrition Assistance Program funds support education and information on ways to be more physically active to clients and makes connections to local Healthy Maine Partnerships and food pantries
- US CDC ARRA funds end in March 2012 and supported work to address licensed child care settings and college menu labeling as well as work in the Cumberland District

Oral Health

- FHM funds major portions of the oral health program.
  - School Oral Health - funds to schools based on community risk guidelines for classroom education, fluoride mouth rinse, and dental sealant application
  - Dental Services Subsidy - dental care provided at nonprofit clinics
  - Donated Dental Services - connects patients to dental offices that donate their services free
- State General and Maternal Health Block grant supports program administration and some of the School Oral Health Program component.
- Federal CDC funds support personnel, including 2.0 FTE to administer the program and 0.5 FTE to work with communities on quality assurance in water fluoridation.
- Federal HRSA funds support dental workforce development

School-Based Health Care

- **How FHM supplements this work**
  - Supplements MCH block grant match
  - Expand the number of SBHC from 11 to 20
  - SBHC expands impact of HMP, PTM and PAN and Healthy Weight work

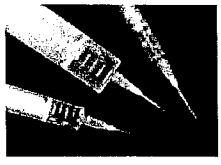


Family Planning Services

- **How FHM supplements this work**
  - Maine CDC and OCFS combine purchase of FP clinical services
  - Improves pregnancy planning and spacing
  - Prevention activities go beyond clinical services
  - Evidence-based programs
  - Personal Responsibility Education Program

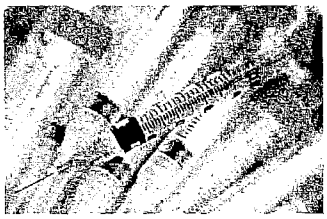
Immunization

- Annual deaths from vaccine-preventable illnesses
- Prevention of hospitalizations and deaths
- Vulnerable populations include long-term care settings
- Improvement in the proportion of older Mainers having an annual flu shot
- Improvement in the proportion of older Mainers having a pneumonia shot



Immunization

- All recommended vaccines for eligible children purchased through Federal Vaccines for Children Program
- General Fun allocation buys school required vaccines
- January 2012 starts vaccine assessment by health plans



Summary and Discussion

mpha
Maine Public Health Association

Testimony of the Maine Public Health Association
Commission to Study Allocations of the Fund for a Healthy Maine

Senator McCormick, Representative Sanderson and members of the Commission to Study the Allocations of the Fund for a Healthy Maine, I am Tina Pettingill, Executive Director of the Maine Public Health Association, an organization of more than 350 members committed to creating an environment which sustains and improves the health and well-being of Maine residents. Our diverse membership has a common interest in the promotion and protection of the public's health. I am here today to share our perspective on the importance of reviewing the allocations of the Fund for a Healthy Maine and ensuring that these limited resources are put toward best practice, evidence-based prevention and health promotion efforts. I should note that MPHA does not receive any funds from the Fund for a Healthy Maine.

As you begin your work I would like to draw your attention to a common definition of prevention that is used in the field of Public Health. While we all understand what the word means, I think it helps to flesh this out a little bit. In the field of public health there are considered to be three levels of prevention.[i]

Primary Prevention – focuses on preventing risks for disease, such as preventing smoking, preventing physical inactivity, and preventing poor nutrition;

Secondary Prevention – focuses on reducing existing risks for disease, such as reducing smoking, increasing physical activity, and improving nutrition;

Tertiary Prevention – focuses on reducing the impact of diagnosed disease (or a health concern such as teenage pregnancy), for example: assuring treatment, reducing smoking, improving nutrition and physical activity for those with diagnosed cardiac disease.

Please note that in the three levels of prevention that I mentioned, you will not see mention of clinical medical treatments. We feel that this is an important distinction to make. With budget shortfalls, it may be tempting to sweep Tobacco Master Settlement dollars into Medicaid accounts with the justification of treating chronic diseases related to

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www.mainepublichealth.org

tobacco use. But this is exactly the wrong thing to do and will only help to perpetuate the ever spiraling costs of healthcare.

Prevention is the cornerstone of public health, and prevention works. Whether it is helping smokers quit, giving kids a healthy start, supporting new parents, helping families get active or teaching students about healthy choices, prevention provides the foundation for a healthier state, fewer health care costs, and greater workforce productivity. Prevention works so well that a recent report from the Trust for America's Health and the Robert Wood Johnson Foundation, demonstrates that for every $1 spent on prevention in Maine, the return on investment is $7.50 - the best rate of return for any state in the country. ii

Maine has the best return on investment because we have wisely invested in proven community-based programs through the Fund for a Healthy Maine (FHM). Yet, as important and as effective as prevention is, Maine does not provide a lot of resources to these efforts. The FHM is Maine's primary source for prevention funding. In the FY 10-11 biennium, the FHM accounted for only 1.54% of the total budget allocations and prevention funding in this state accounts for only .7% of total health care expenditures (public and private).

MPHA believes strongly that whatever the conclusion of this Commission's process is, the results should be based in science, that any recommended use of FHM dollars remain true to the public health definition of prevention and that programs funded are based on best practices with measureable outcomes.

MPHA would also like to take the opportunity to offer ourselves as a resource for this committee as you move forward and we would be happy to answer any questions now or at any time in the future.

You can contact me at anytime at 730.1040 or at mainepha@gmail.com.

Thank you.

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[i] Office of Program Evaluation and Government Accountability (2009) Fund For A Healthy Maine Programs: A Comparison of Maine's Allocations to Other States and a Summary of Programs.

ii Trust for America's Health. (2008). Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities.

FUND FOR A HEALTHY maine

The Friends of the Fund for a Healthy Maine

Testimony of Friends of the Fund for a Healthy Maine To the Commission to Study the Allocations of the Fund for a Healthy Maine

The Fund for a Healthy Maine was created by the Maine Legislature in 1999 to receive and disburse Maine's annual tobacco settlement payments to eight categories of health programming:

- *Smoking prevention, cessation and control activities, including, but not limited to, reducing smoking among the children of the State;*
- *Prenatal and young children's care, including home visits and support for parents of children from birth to 6 years of age;*
- *Child care for children up to 15 years of age, including after-school care;*
- *Health care for children and adults, maximizing to the extent possible federal matching funds;*
- *Prescription drugs for adults who are elderly or disabled, maximizing to the extent possible federal matching funds;*
- *Dental and oral health care to low-income persons who lack adequate dental coverage;*
- *Substance abuse prevention and treatment; and*
- *Comprehensive school health programs, including school-based health centers.*

Senator McCormick, Representative Sanderson and members of the Commission to Study the Allocations of the Fund for a Healthy Maine, I am Becky Smith here today representing the Friends of the Fund for a Healthy Maine, a statewide coalition of more than 150 organizations ranging from hospitals to businesses to nonprofit agencies and towns.

The Fund for a Healthy Maine (FHM) was created for the primary purpose of preventing chronic disease, promoting good health and reducing future health costs. Since then, Maine lawmakers have generally attempted to honor this special purpose as they have recognized what can reasonably be considered a once-in-a-lifetime opportunity.

Let's face it, we all want healthy kids, good jobs, lower health costs, and strong communities. That's something we can all agree on and it's why the FHM has never been a partisan issue.

We have the Fund for a Healthy Maine because Maine people got sick and died. They weren't all Republicans and they weren't all Democrats. They didn't all live in Gardiner, or Eastport, or Berwick. They were from all walks of life and every corner of Maine and the settlement is their legacy to all of us. It should be used in a comprehensive way to help **all** Mainers live a happy and healthy life and to prevent this tragedy from happening again.

The FHM is an investment in Maine's future:

- it improves the health of our family, friends, and neighbors;
- it lowers health costs for businesses and families;
- it prepares kids be better learners;

- it enhances our business climate—most employers want to be where people are healthy and productive;
- it improves our quality of life and strengthens our communities;
- it gives us a positive return on investment;
- it's no burden on taxpayers.

And it's the right thing to do with this special funding stream.

The Fund for a Healthy Maine is a unique opportunity to prevent disease, promote good health, and reduce costs for everyone. Ninety-one percent of Maine voters, our 100+ members and more than 150 businesses believe in the Fund's intended use—to set Maine on the course of a healthy future.

The Friends of the Fund for a Healthy Maine understand that public health is not a static field, and that a review of the Fund's existing allocations is appropriate to ensure we are addressing the state's current public health priorities. That is why we supported the creation of this Commission and why we are here today to offer our assistance.

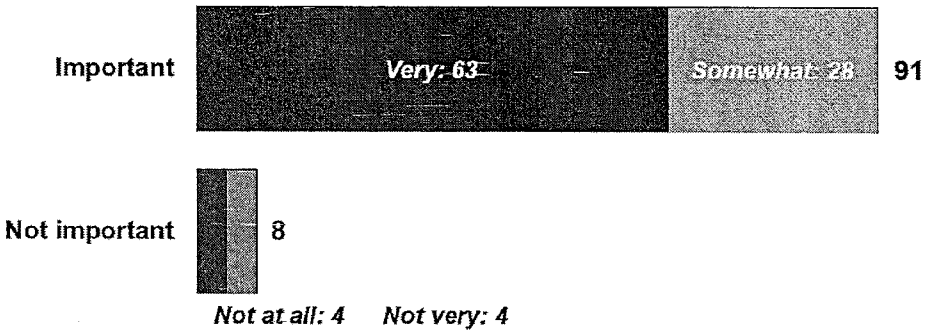
Thank you.

A.

Maine Voters, February 2011

Voters Feel Tobacco Settlement Money Should Be Devoted To The 'Fund For A Healthy Maine'

Maine currently receives millions of dollars per year from the tobacco industry, as part of the 1998 tobacco lawsuit settlement. This money is dedicated to the Fund for a Healthy Maine. How important is it to you personally that Maine's tobacco settlement dollars be used only to prevent chronic disease and promote the good health of Maine people today, and reduce future health costs for businesses and families?



Remainder not sure

B.

An Open Letter to the Maine Legislature

As Maine businesses, we are all feeling the effects of the recent economic downturn. Many of us have found it more difficult to maintain our staffing levels, pay the bills, invest in new equipment, and grow our companies to their highest potential.

Though many factors have led to the financial challenges we are all facing, one of the biggest burdens is the high cost of health care and health insurance. In 2006, Maine employers paid an average of $8,700 per year for a family insurance policy. While certainly a high price at the time, that same policy in 2012 is expected to exceed $15,000. This trajectory of costs is not sustainable for the average business in Maine. In last year's *Making Maine Work* report from the Maine Chamber of Commerce, Maine business leaders identified the cost of health insurance as the number one priority for the Governor and Legislature to address this year.

We know that healthy families are the key to a lowering health care costs and sustaining a strong economy. When people are healthy, children do better in school, workers are more productive, and businesses can add jobs because health costs are lower. This is why it's more important than ever that we continue to use the Fund for a Healthy Maine for what it was intended to do: promote good health and prevent costly disease.

Dismantling the Fund for a Healthy Maine takes us in the wrong direction. Our economic recovery depends on bringing down the cost of health care, and that's what the Fund is designed to do. Keeping it working is our best opportunity to support healthy families, lower costs for businesses, and help young people stay in Maine. Please do everything you can to protect the Fund for a Healthy Maine and keep it working as it was intended – creating opportunities for better health and lower costs for everyone.

Sincerely,

(See list of more than 150 businesses on next page)

Academy Dental
Adventure Bound
American Legion Post 133
Androscoggin County Chamber
Art's Marine
Aware Center for Early Intervention
Axiom Technologies
Baseline US
Basic Landscape Care
Belfast Cooperative
Belfast Natural Medicine
Beyond Green Travel, LLC
Biddeford Savings Bank
Bigrock Ski Area
Blue Hill Peninsula Chamber of Commerce
Blue Wave Dance
BookSmart
Calzolaio Pasta Co.
Capitol Computers
Caring Hands of Maine Dental Center
Casco Bay SafeLawns
Casco Passage
Child Care Services of York County
Children's Center
Chinchillas Antiques
Clean Bee Laundry
Cleary Law Office
Coastal Prosthetics, Inc.
Community Concepts, Inc.
Community Dental Center
Community Voices
Comparison North America
Council on International Educational Exchange
Crisis & Counseling Centers
Curves of Calais
Dacri & Associates, LLC
Davis Florist, Inc.
Dean Irons Carpentry
Dyer, Goodall & Denison
Eastport Health Care Inc.
Educational and Career Planning
El Camino
Elder Circle Inc.
Electrolysis by Bev
Electro-Tec
Flatlanders' Farm
Flipside Pizza
Gil Tenney
Great Falls Security Systems
Greater Somerset Public Health Collaborative
Harbor House Comm. Service Center
Havana
Health Access Network
HealthCare Solutions
Healthy Acadia
HealthyWise, LLC
Island Nursing Home
JD'A Consulting, Inc.
Joel D. Davis & Associates
Joyful Harvest Neighborhood Center
JTW Enterprises, Inc.
K-9 Solutions
Kennebec Valley YMCA
Kennebunkport Publlic Health
Laite Construction, LLC
Law Office of Tobi L. Schneider
Lila East End Yoga
Machias Adult & Community Education/CWCABEC
Main Street Skowhegan
Maine Coast Sea Vegetables, Inc.
Maine Fire Equipment Co., Inc.
Maine Labor Group on Health
Maine Primary Care Association
Maine Robotics
Maine Small Business Coalition
Mainely Girls
Mainely Trusses
MCH, Inc.
McKenney Photography
MDI & Ellsworth Housing Authorities
Meadowview Therapeutics
Medical Care Development
Melanie's Home Childcare
MH Solutions Inc
Mid Coast Health Services
Mills Tax Prep
Mind Body Nutrition
Mothers Moon
NMCC Health Service
No. Maine Community College
Northern York County YMCA
Norway Rehab
Parkside Children's Learning Center
Partners for Change, Inc
PDB Ventures LLC
Pemetic Purveyors with RE/MAX Hills & Harbors Realty
Penobscot Bay YMCA
Pleasant River Lumber
Power of Prevention
Precision Piano
Regional Medical Center at Lubec
Rheal Day Spa
Rubb Buildings, Inc.
Rupununi
Seafax
Skowhegan Family Medicine
Skowhegan Farmers' Market
Somerset Economic Develop. Corp
St. Apollonia Dental Clinic
Standard Waterproofing, Inc
Starr Bookkeeping
Subterranean Music Works
Tempo Employment Services
The Avalon Group
The Baker Company
The Brown Bag
The Barefoot Storyteller
The Children's Center-Sanford/Kittery
The Community Dental Center of Waterville
The Community School
The Eastland Motel
The First, N.A.
The Little Dog Coffee Shop
The Little Dolphin School Foundation
The Maine Behavioral Health Foundation
The Offices of Dr. Kathleen Abernathy
The Offices of Fred White, Ph.D.
The Offices of John D. Koons, DMD
The Quoddy Tides
The Salvation Army
Thin Blue Line Meats
Town of Pittsfield
Tradewinds Marketplace
Tree Spirits, Inc.
Two Rivers Realty, LLC
Uhl-Melanson Investor Services
Union River Healthy Communities
Unitarian Universalist Society of Bangor
United Way of Greater Portland
United Way of Mid-Maine
University of Maine at Presque Isle
Vacationland Bowling Center
Venus & Apollo Fitness Center
Washington County Council of Governments
Wellness Council of Maine
Wellspring, Inc
Whittemore's Real Estate
WoodenBoat Publications Inc.
Worldly Trekker Designs
York Hospital
Youth and Family Services

C.

FUND FOR A HEALTHY maine

Friends of the Fund for a Healthy Maine

The following organizations strongly endorse efforts that will keep tobacco settlement money used as it was intended and prevent further diversions away from the Fund for a Healthy Maine.

ACCESS Health
Advocates for Children
Alliance for Children's Care, Education and Supporting Services
American Cancer Society, NE Division
American Heart Assoc.-Founders' Affiliate
American Lung Assoc. in Maine
American Nurses Assoc. of Maine
Androscoggin Cardiology Associates
Androscoggin Head Start & Child Care
Androscoggin Head Start and Child Care
Anthem Blue Cross Blue Shield
Aroostook Council for Healthy Families
Aroostook County Action Program
Aroostook Mental Health Services
Bangor Region Public Health and Wellness
Breathe Easy Coalition of Maine
Bridgton Community Center
Bucksport Bay Healthy Communities Coal.
Care Link/MRDC, Inc.
Caribou City Council
Child & Family Opportunities, Inc.
Child and Family Opportunities, Inc.
Child Care Services of York County
Children's Dental Clinic
Choose To Be Healthy
City of Portland
Coastal Enterprises, Inc.
Coastal Healthy Communities Coalition
Common Cause Maine
Community Concepts, Inc.
Consumers for Affordable Health Care
Day One
Downeast Health Services, Inc.
Downeast Healthy Tomorrows
Family Planning Assoc. of Maine
First Congregational Church
Great Works Internet
Greater Portland Chambers of Commerce
Greater Somerset Public Health Collaborative
Greater Waterville PATCH
Greater Waterville's Communities for Children
Harrington Family Health Center
Healthways/Regional Medical Center at Lubec
Healthy Acadia
Healthy Androscoggin
Healthy Aroostook
Healthy Casco Bay
Healthy Communities of the Capital Area
Healthy Community Coalition
Healthy Lakes Region
Healthy Lincoln County
Healthy Oxford Hills
Healthy Peninsula
Healthy Portland
Healthy Rivers Region
Healthy Waldo County
Horace Mitchell Primary School
Islands Community Medical Services, Inc.
Katahdin Area Partnership
Katahdin Valley Health Center
Kennebec Behavioral Health
Kennebec Valley Community Action Program
Kennebunkport Public Health Department
Kittery Children's Leadership Council
Kittery School Department
Kno-Wal-Lin Homecare and Hospice
Knox County Community Health Coalition
Legal Services for the Elderly
Lewiston Public Schools
Maine AFL-CIO
Maine Alliance for Addiction Recovery
Maine Alliance to Prevent Substance Abuse
Maine Assoc. of Interdependent Neighborhoods
Maine Assoc. of School Nurses
Maine Assoc. of Substance Abuse Programs
Maine Cardiovascular Health Council
Maine Center for Public Health
Maine Chapter, National Assoc. of Social Workers
Maine Child Care Directors Assoc.
Maine Children's Alliance
Maine Children's Trust
Maine Co-Occuring Policy Exchange
Maine Council of Senior Citizens
Maine Council of Churches
Maine Dental Access Coalition
Maine Education Assoc.
Maine Equal Justice
Maine General Health
Maine Head Start Director's Assoc.
Maine Hospital Assoc.
Maine Medical Assoc.
Maine Nurse Practitioners Assoc.
Maine Osteopathic Assoc.
Maine Peoples' Alliance
Maine Primary Care Assoc.
Maine Public Health Assoc.
Maine School Health Education Coalition
Maine Society for Respiratory Care
Maine State Chamber of Commerce
Maine State Nurses Assoc.
Maine Substance Abuse Foundation
Maine Winter Sports Center
Maine Women's Lobby
MaineHealth
ME Assoc. of Child Abuse and Neglect
ME Assoc. of Health, Phys.Ed., Rec. & Dance
Medical Care Development
Midcoast Maine Community Action
Mid-Maine Chamber of Commerce
Milestone Foundation
MDI's Behavioral Health Center
My Attitude Saves Kids
Northern Maine Medical Center
Partners for Healthier Communities
Partnership for a Healthy Northern Penobscot
Pen Bay Healthcare
Penobscot Community Health Center
Penobscot Dental Access Coalition
Penquis
Penquis CAP
People's Regional Opportunity Program
Phoenix Academy of Maine
Piscataquis Public Health Council
Planned Parenthood of No.New England
Power of Prevention
River Coalition
River Valley Healthy Communities Coalition
Roman Catholic Diocese of Maine
Sebasticook Valley Healthy Communities
Serenity House
Southern Kennebec Healthy Communities
Southern Kennebec Child Development Co
St. Croix Valley Healthy Communities
Start ME Right
Teen and Young Parent Program of Knox Co
The Community School
Town of Lincolnville
Town of Van Buren Recreation Department
Tri-County Mental Health Services
Union River Healthy Communities
United Way of Mid-Maine
University of Maine
Vital Pathways
Waldo County Dental Task Force
Waldo County Head Start
Wellspring, Inc.
Winter Kids
York County Community Action Corp.
York Hospital
Youth Promise

Friends of the Fund for a Healthy Maine

○ 11 Parkwood Dr. ○ Augusta, ME 04330 ○ Friends.of.the.FHM@gmail.com ○

AMERICAN LUNG ASSOCIATION®
Fighting for Air

American Lung Association of New England

lungne.org
1-800-LUNG USA

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E. Hartford, CT 06108
Fax: 860-289-5405

Maine
122 State Street
Augusta, ME 04330
Fax: 207-626-2919

Massachusetts
460 Totten Pond Road
Suite 400
Waltham, MA 02451
Fax: 781-890-4280

393 Maple Street
Springfield, MA 01105
Fax: 413-737-3511

New Hampshire
1800 Elm St.
Manchester, NH 03104
Fax: 603-369-3978

Rhode Island
260 West Exchange Street
Suite 102B
Providence, RI 02903
Fax: 401-331-5266

Vermont
372 Hurricane Lane
Suite 101
Williston, VT 05495
Fax: 802-876-6505

Testimony from Ed Miller of the American Lung Association of New England to the Commission to Study the Allocations of the Fund for a Healthy Maine

November 4, 2011

Senator McCormick, Representative Sanderson and distinguished members of the Commission to Study Allocations of the Fund for a Healthy Maine. I am Ed Miller, Senior Vice-President for Health Promotion and Public Policy at the American Lung Association of New England.

Our focus at the Lung Association is on healthy air, tobacco control and all lung disease, including asthma and COPD. Our mission is to save lives by improving lung health and preventing lung disease and we do that through education, research and advocacy. The American Lung Association of New England receives no funding from the Fund for a Healthy Maine. However, we fully support the focus of using tobacco settlement funds to finance evidence-based tobacco control, general health promotion and other prevention efforts that will improve the health and quality of life of Maine people.

Smoking Is Still The #1 Preventable Cause of Death and Disease

Despite the great declines achieved in adult and youth smoking rates in the last decade[1] and emergent public health issues like obesity, tobacco is still the number-one preventable cause of death and disease in Maine and America.[2] Tobacco currently is responsible for 2,200 deaths more than $600 million in public and private health care costs a year in Maine.[3] As the Legislators on this committee well know, Maine's health care costs continue to be a major fiscal challenge. Tobacco costs the state's Medicaid program as much as $216 million a year.[4]

Funds Are From A Special Source, For A Special Purpose

[1] http://www.tobaccofreemaine.org/explore_facts/Maine_facts_and_stats.php
[2] http://www.cdc.gov/chronicdisease/resources/publications/AAG/osh.htm
[3] http://www.tobaccofreekids.org/facts_issues/toll_us/maine
[4] ibid

As you are aware, the Fund for a Healthy Maine is replenished yearly in perpetuity as the result of health care cost recovery litigation between Maine, 43 other states and major tobacco companies. The Master Settlement Agreement and the Fund for a Healthy Maine present our best, and perhaps our only, chance to get ahead of ever increasing health care costs. We can bring down the high cost of health care by funding prevention efforts, rather than expensively treating chronic diseases that are largely preventable. Prevention works and prevention is cheap. According to a 2008 study by the Trust for America's Health, for every $1.00 spent on prevention, Maine can avoid $7.50 in future health care costs.[5]

Maine Has Been A Leader, But We Can Do Better

Maine is to be commended on its past decisions to use the Fund for a Healthy Maine to support evidence-based prevention efforts. However, we at the Lung Association feel that Maine can do better. From FY 2000 through the current budget biennium, Maine has diverted $127 million from the Fund for a Healthy Maine to the General Fund to be used for any purpose. By comparison, the state has directed only $123 million of FHM dollars toward focused anti-tobacco efforts over the same time period.[6] In FY 2013 the state of Maine will meet just 50.7% of the US CDC's target budget for effective tobacco prevention and control programs.[7] I hope that addressing this will be a focus of your work.

The American Lung Association of New England welcomes the opportunity to review the allocations of the Fund for a Healthy Maine and the need to support evidence-based solutions to pressing public health needs. We look forward to working with the Commission and welcome any opportunity to answer questions you may have today or at any time during this process.

Thank you.

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[5] http://healthyamericans.org/reports/prevention08/

[6] This amount is calculated as 66% of the total allocated to the Partnership for a Tobacco Free Maine and the Community and School Grants lines.

[7] http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm

Maine Children's Alliance

Public Comment to the Commission to Study Allocations of the Fund for a Healthy Maine
Submitted by Judy Reidt-Parker, Early Childhood Policy Analyst, Maine Children's Alliance

Representative Sanderson and Distinguished Members of the Committee:

The Maine Children's Alliance (MCA) is a non-partisan, not –for-profit, statewide organization whose purpose is to advocate for sound public policies that improve the lives of all Maine children, youth and families.

The Fund for a Healthy Maine is a solid example of investment in prevention and the long-term health of Maine people. The eight priorities of the Fund for a Healthy Maine are smart investment strategies for our children's future and the health of our state's economy. Three focus specifically on early childhood services: child care subsidies, home visitation and Head Start. I will address these programs today.

Scientific evidence, economic analysis and longitudinal studies have all demonstrated that ensuring each child a safe, healthy and nurturing early childhood experience results in significant positive outcomes later in that child's life.

On the other hand, children exposed to violence, abuse, neglect, or extreme poverty can have lifelong difficulties in learning, memory and self-regulation, which are necessary for school readiness. As adults, their risk of developing chronic health conditions such as diabetes, obesity and heart disease increases. A high degree of changes and transitions, inconsistent child care arrangements, or unstable housing arrangements can have a negative impact on a child's brain development.

Healthy families yield a healthy economy. When people are healthy, children do better in school, workers are more productive, and businesses can add jobs because their health costs are lower.

The three early childhood services included in the Fund for a Healthy Maine – child care, home visiting and Head Start – all affect the public health concerns of child well-being and family security.

- Child care funding is used to draw down the needed federal funds to ensure that low- income working families can access safe, affordable child care. Child care subsidies ensure that working families have the resources needed to meet their children's basic needs both at and away from home. To be healthy, children need to be in safe and nurturing environments with consistent providers while their parents are working. The original intent of the child care funding in the Fund for a Healthy Maine was focused on ensuring quality environments and to provide professional development activities for child care providers.
- Home visitation provides services for first-time parents with identified risk factors such as isolation, extreme poverty or children with special needs. Home visiting programs help families understand their child's developmental needs and connect them to the community resources available to them.
- Head Start promotes school readiness by providing education, health, vision, hearing, mental health, nutrition, social, parenting education and other services to very low-income children and their families.

Communities are most vibrant when they provide social support for parents, learning opportunities for children, and services for families in need. When children have nurturing and responsive experiences, a strong foundation for future development is ensured. Maintaining the Fund for a Healthy Maine commitment to these public health supports is smart policy for the future as well as the here and now.

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Dental Lifeline
Network℠ • Maine
More than Dentistry. Life.℠
Maine Donated Dental Services (DDS)

P.O. Box 2282
Augusta, ME 04338-2282
Phone/Fax: 207.620.8276
www.dentallifeline.org

November 1, 2011

Senator Earl McCormick, Representative Deborah Sanderson and Members of the Commission to Study Allocations of the Fund for a Healthy Maine
C/O the Joint Standing Committee on Health and Human Services
13 State House Station
Augusta, ME 04333

Dear Commission Member,

We are truly thankful for the continued support from the Fund for a Healthy Maine for our Donated Dental Services (DDS) program. The State's contract with DDS demonstrates a commitment to providing dentistry to Maine's most needy.

We know, as do you, that dentistry changes and saves lives, and that every person deserves a healthy smile. Every day, with the help of our Maine dentist and laboratory volunteers, we donate dental treatment for people with disabilities, the elderly, and medically fragile, because without us they would have nowhere else to go.

The State's appropriation this year of $36,463 will generate $250,000 worth of donated treatment for 92 deserving Maine citizens who have no other way to get help. DDS is unique from our fellow dental charities in that we provide *comprehensive* dentistry for people with complex dental problems. Our patients require multiple visits not just emergency or palliative care – the treatment our patients receive averages $2,700 per case, but only costs us $385 to coordinate. This year, for every dollar we spend, our volunteers will donate $7 worth of treatment.

One of the 92 people helped this year will have similar needs as Ms. W. from Windham. While in the middle of her treatment process this year, she wrote:

"Removal of my teeth to prevent gum infection was determined to be necessary several years ago by both my dentist and cardiologist. Nevertheless, this life saving surgery was not approved by Medicare and like most Mainers, I had no dental insurance. ***DDS was literally my life saver.*** *I may be a writer, but there are not words sufficient to tell you how much I appreciate the compassion, kindness and dignity with which I have been given and continue to be treated during their skillful care.*

Dental Lifeline Network℠

More than Dentistry. *Life.*

in collaboration with more than
15,000 volunteer dentists and 3,000 volunteer laboratories

Strategic Partners:

- *American Dental Association*
- *Academy of General Dentistry*
- *American Academy of Implant Dentistry*
- *American Academy of Periodontology*
- *American Association of Endodontists*
- *American Association of Oral and Maxillofacial Surgeons*
- *American Association of Orthodontists*
- *American Association of Women Dentists*
- *American College of Dentists*
- *American College of Prosthodontists*
- *American Dental Assistants Association*
- *Hispanic Dental Association*
- *National Association of Dental Laboratories*
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Financial support from:

- *ADA Foundation*
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Transforming lives through dentistry, in all 50 states, every day.

I still have patience left – am hoping to be eating turkey at Christmas, not a ground turkey patty!"

Ms. W. is being treated by two of 156 dentists and 45 dental laboratories that dedicate their time to treat one or two people per year. Without them, DDS could not exist.

With the assistance of the Maine Legislature, our volunteers, the Maine Dental Association, and several other stakeholders, 900 Maine citizens with disabilities and those who are elderly or medically fragile have received over $2 million in donated care since 1999.

With all the lives we've changed and saved, there is still more work to do – 348 eligible people are waiting for our services, and the list will continue to grow. The continued help from the Fund for a Healthy Maine is more important than ever to support our volunteers, so we ask you to take into consideration how much we are able to do.

Again, thank you for your support, and for taking the time to read our very important message. Please help us continue to care for the people who need it most.

Sincerely,

Melissa Bosworth

Melissa Bosworth
Vice President of Affiliate Operations

Maine Head Start Directors Association

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Testimony of Doug Orville

Before the Commission to Study Allocations of the Fund for a Healthy Maine

November 4, 2011

Senator McCormick, Representative Sanderson and members of the Commission, my name is Doug Orville. I serve as the Executive Director of Child and Family Opportunities, Inc. headquartered in Ellsworth and a provider of Head Start, Early Head Start, and child care services in Hancock and Washington counties. I am also a member of the Maine Head Start Directors Association. I am here today on behalf of Maine's 11 non-tribal Head Start and Early Head Start programs.

Head Start receives an allocation of $1.35 million a year from the Fund for a Healthy Maine. We use that allocation to serve 151 children and families – 108 in Head Start and 43 in Early Head Start. Overall, Head Start and Early Head Start serve 3,800 of the most severely at risk children aged birth to 5 in Maine. Early Head Start targets pregnant women and children ages birth to 3; Head Start assists children ages 3-5. Unfortunately, our total funding from both the federal and state government enable us to serve only about 30% of all 3-5 year olds and only about 10% of children from birth to 3 who live in poverty in Maine.

All children from families with incomes at or below the poverty level are financially eligible for Head Start. Of those children, Head Start selects the most vulnerable and at risk. The risk factors include abuse and neglect, domestic violence, a disability impacting learning and development, limited language or social/emotional skills, homelessness, or parents who are teenagers, incarcerated, or suffer from substance abuse or mental health issues. Head Start targets the most at risk kids in order to keep them safe and healthy.

Head Start provides comprehensive early care and education as well as a variety of assistance to these children and their families that regular child care simply does not. These include health, nutrition, vision, hearing and mental health services for children. These services immediately improve the health of children and measurable health gains continue through childhood.

Head Start parents receive a variety of assistance, including home visits, family literacy and vocational supports. Each Head Start program also has a Policy Council comprised primarily of current parents which works with staff to operate the program. Parents on the Council are

involved in policy development, budget review and approval, and hiring decisions. This opportunity often produces tremendous growth in the parents, too.

Research shows that these intensive supports for children and their families make a lasting impact. Head Start:

- Improves School Readiness
- Increases educational achievement
- Improves child health
- Reduces the chance a child will turn to crime
- Improves parenting skills and practices

Let me give you an example of how the Fund for a Healthy Maine and Head Start make a difference. Earlier this fall, a Head Start program was asked to take in a four year old from a family with severe problems. The mother had just been arrested for domestic violence. This child desperately needed a safe, nurturing environment during the day. That Head Start program was able, thanks to the Fund for a Healthy Maine, to provide full day, full year service to that four year old. We helped keep that child safe and healthy.

Head Start and Early Head Start are appropriate uses of the Fund for a Healthy Maine. The FHM Statute requires that the funds be used for public health purposes, such as "prenatal and young children's care … including support for parents," "child care," and "health care." Head Start and Early Head Start meet that standard. We provide a variety of health screenings for children. In addition, research has concluded that high quality early childhood development is a key determinant of future health, making Head Start and other high quality early childhood development programs fundamental public health programs.

Attached to my testimony are 3 documents supporting these conclusions:

1. The 2010 Maine Head Start Report
2. *Prominent Researchers Support Head Start Funding*, a March 2011 letter to Congress
3. *Early Childhood Experiences: Laying the Foundation for Health Across a Lifetime,* a March 2011 Issue Brief from the Robert Wood Johnson Foundation

Please support retaining Head Start funding within the Fund for a Healthy Maine.

Thank you and I would be happy to take any questions.

Prominent Researchers Support Head Start Funding

March 2011

Dear Member of Congress,

We understand that due to growing federal deficit, we are entering a period of significant cuts to non-security discretionary spending. At a time when America's economic survival and global competitiveness is at stake, while child poverty in America is also soaring, we consider cuts to Head Start and Early Head Start extremely short-sighted. As researchers, we offer some facts about Head Start that are worth remembering:

Head Start improves the odds and the options for at-risk kids for a lifetime. Kids that have been through Head Start and Early Head Start are healthier, more academically accomplished, more likely to be employed, commit fewer crimes, and contribute more to society.

Simply put: Head Start works. It's been proven.

Studies of Head Start programs found that Head Start increases educational achievement: raising test scores, decreasing the need for children to receive special education services and making it less likely that children will repeat a grade.[1] Head Start graduates are also more likely to graduate from high school and attend college.[2]

Head Start's impact on child health is impressive. Likely because of its required medical screenings, vaccinations, and emphasis on nutrition, Head Start reduces by as much as 50 percent the mortality rates for 5- to 9-year-olds.[3] A Head Start child is 19 to 25 percent less likely to smoke as an adult.[4] And **Head Start parents receiving health literacy decreased annual Medicaid costs by $232 per family.**[5]

Head Start graduates are 12 percent less likely to be booked or charged with a crime.[6] This reduction translates into savings for crime victims, local, state, and federal governments, and the American taxpayer.

The National Impact Study of Head Start found that children attending Head Start made significant cognitive and socio-emotional gains compared with the control group children during the Head Start year and were in better health compared to the control group children.[7]

And it's not just the at-risk kids who benefit. Head Start and Early Head Start also provide improved parenting skills and practices.[8] Head Start's emphasis on parental involvement contributes to the upward mobility of Head Start parents by helping to move them out of poverty,[9] and that Early Head Start parents are much more likely to participate in job training programs and more likely to have a job.[10] At a time when unemployment rate is hovering close to 10%, Head Start and Early Head Start are critical gateways to employment.

As the 112th Congress evaluates domestic discretionary spending, we urge you to look at the substantial research showing that Head Start and Early Head Start programs have a long history of not only being a wise investment and saving local, state, and federal taxpayers money but also a critical safety net for our most vulnerable citizens.

Multiple studies demonstrate that Head Start is an astoundingly smart investment. For every $1 invested in Head Start, we get a Return On Investment (ROI) ranging from $7 to $9.[11] As James Heckman, a Nobel Laureate in Economics at the University of Chicago, recommended to the National Commission on Fiscal Responsibility and Budget Reform: "Early Head Start and Head Start are programs on which to build and improve – not to cut."[12] That's why we ask that Congress to provide $8.2 billion in Fiscal Years 2011 and 2012 to ensure that Head Start and Early Head Start can maintain their current enrollment levels.

Sincerely,

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Robert Wood Johnson Foundation

ISSUE BRIEF SERIES: EXPLORING THE SOCIAL DETERMINANTS OF HEALTH
EARLY CHILDHOOD EXPERIENCES AND HEALTH – MARCH 2011

This is one in a series of 10 issue briefs on the social determinants of health. The series began as a product of the Robert Wood Johnson Foundation Commission to Build a Healthier America and continues as a part of the Foundation's Vulnerable Populations portfolio.

Early Childhood Experiences: Laying the Foundation for Health Across a Lifetime

1. Introduction

The earliest years of our lives are crucial in many ways, including how they set us on paths leading toward—or away from—good health. Family income, education, and neighborhood resources and other social and economic factors affect health at every stage of life, but the effects on young children are particularly dramatic. While all parents want the best for their children, not all parents have the same resources to help their children grow up healthy. Parents' education and income levels can create—or limit—their opportunities to provide their children with nurturing and stimulating environments and to adopt healthy behaviors for their children to model. These opportunities and obstacles, along with their health impacts, accumulate over time and can be transmitted across generations as children grow up and become parents themselves.

The earliest years of our lives set us on paths leading toward — or away from — good health.

As noted in an earlier Robert Wood Johnson Foundation report,[1] a large body of evidence now ties experiences in early childhood with health throughout life, particularly in adulthood. Strong evidence also demonstrates that it is possible to turn vicious cycles into paths to health, by intervening early. Although effects of early childhood interventions are greatest for children who are at greatest social and economic disadvantage, children in families of all socioeconomic levels experience benefits from early childhood programs that translate into improved development and health.

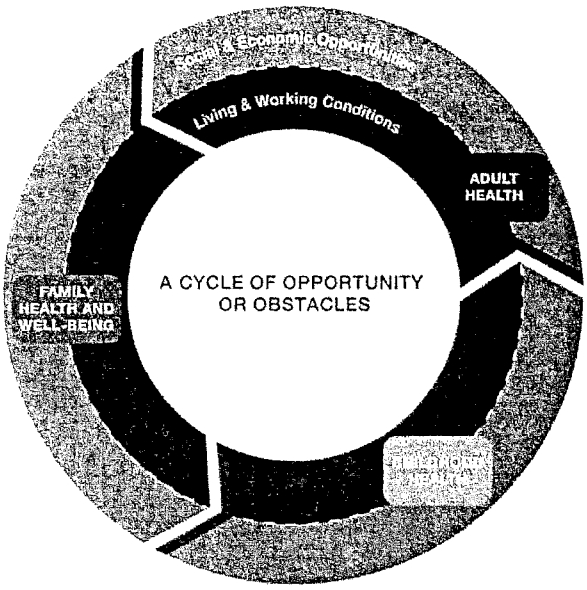

Figure 1. A cycle of opportunity or obstacles. At every stage of our lives, social advantage—or disadvantage—is linked to health. Social and health advantage or disadvantage accumulates over time, creating favorable opportunities or daunting obstacles to health. Opportunities or obstacles play out across individuals' lifetimes and across generations. Intervening early in life can interrupt a vicious cycle, transforming it into a path to health for all children and leading to a healthy and productive adult workforce. Improving early childhood social circumstances is one of the most effective ways for a society to achieve its health potential.

2. How do social and economic conditions early in life shape children's health and development, thus shaping adult health?

CHILDREN'S SOCIAL AND ECONOMIC CONDITIONS HAVE DIRECT EFFECTS ON HEALTH

The association between socioeconomic factors and child health is evident from birth, as children born to mothers with low income and educational levels are more likely to be premature or of low birth weight; these birth outcomes are strong predictors of infant survival and also of health across the entire life course. In addition, it is widely recognized that factors such as nutrition, housing quality, and household and community safety—all linked with family resources—are strongly linked with child health. Research shows that children's nutrition varies with parents' income and education and can have lasting effects on health throughout life; for example, inadequate nutrition is linked with obesity during childhood, which in turn is a strong predictor of adult obesity and its accompanying risks of chronic disease, disability and shortened life. Similarly, children exposed to lead-based paint, most commonly found in lower-income neighborhoods, are more likely to suffer from lead-poisoning that can lead to irreversible neurologic damage.

By kindergarten or even earlier, children in both lower-income and middle-class families are at a developmental disadvantage compared with children in the most affluent families.

SOCIAL AND ECONOMIC CONDITIONS ALSO AFFECT CHILDREN'S DEVELOPMENT

A large body of research also has shown that experiences in early childhood affect children's brain, cognitive and behavioral development. Scientific advances in recent decades have demonstrated how social experiences in the first few years of life shape infants' and toddlers' development, creating physiological as well as behavioral foundations—adverse or favorable—for health throughout life. Studies tracking children's development have documented environmental factors and interactions of parents and other caregivers with children while measuring cognitive, behavioral and physical development and in some cases physical health; some of these studies have followed children into adulthood. The results consistently link children's development

with social and economic advantages and disadvantages in the home environments of young children. Neighborhood conditions—such as safety, presence of parks and playgrounds, and access to fresh produce—can have a significant impact as well.

Parents' social and economic resources can affect the quality and stability of their relationships with their infants, and parent-infant relationships affect children's emotional development and the cognitive stimulation they receive. Maternal depression, which can inhibit mother-infant bonding, is more prevalent among low-income mothers than among those with higher incomes.[2] Higher income and/or educational attainment among parents are associated with more stimulation of and response to infants and young children, which are directly linked to brain development.[3] The effect of family socioeconomic circumstances on children's language development is evident as early as 18 months; children in families of middle as well as low socioeconomic status are at a disadvantage compared with their better-off counterparts.[4] Results of the Early Childhood Longitudinal Study-Kindergarten Cohort (ECLS-K), a national sample of children entering kindergarten, showed that family income is associated with children having the academic and social skills necessary for kindergarten. Compared to children in the highest-income families, children in the lowest-income families were least likely to have the needed skills, but children in middle-class families also performed less well, both socially and academically, than those at the top.[5]

The links between social and economic conditions and children's development may be explained in part by educational differences in parents' awareness of early childhood developmental needs. Research also shows, however, that higher income generally means lower levels of chronic stress in the home, as well as greater resources to cope with stressors—both of which enable parents to interact more often and more favorably with their children.

Brain, cognitive and behavioral development early in life are strongly linked to an array of important health outcomes later in life, including cardiovascular disease and stroke, hypertension, diabetes, obesity, smoking, drug use and depression.

CHILDREN'S DEVELOPMENT SHAPES SOCIAL AND ECONOMIC WELL-BEING THROUGHOUT LIFE

The first few years of life are crucial in establishing the path—including the opportunities and obstacles along the way—that a child will follow to social and economic well-being in adulthood. Particularly without intervention, the gaps in academic and cognitive skills that are apparent when children enter school generally do not close. In fact, these gaps can grow even larger as disadvantaged children progress more slowly than children from higher-income and better- educated families. ECLS-K study results showed that children at higher social risk had lower reading and math scores in kindergarten and also experienced smaller gains in both these areas by the end of third grade than children with fewer family risk factors.[6] Poor academic performance is linked to subsequently dropping out of high school, lower educational attainment, delinquency and unemployment later in life.

CHILDREN'S DEVELOPMENT SHAPES HEALTH THROUGHOUT LIFE

How a child develops shapes his or her health as an adult. A large body of research has consistently shown that brain, cognitive and behavioral development early in life are strongly linked to an array of important health outcomes later in life, including cardiovascular disease and stroke, hypertension, diabetes, obesity, smoking, drug use and depression—conditions that account for a major portion of preventable morbidity and premature mortality in the United States. The links between children's development and adult health may involve "connecting the dots" through effects on important social outcomes including educational attainment and/or on health-related behaviors, but in some cases they may be more direct. For example, the chronic stress generally associated with families having very limited socioeconomic resources can affect children's bodies in ways that lead to lifelong cognitive limitations and behavioral problems as well as poor physical and mental health. Physiologic effects of chronic stress in early childhood have been linked with depression, anxiety, diabetes, cardiovascular disease and stroke later in life.[7]

"The general question of whether early childhood programs can make a difference has been asked and answered in the affirmative innumerable times."

- Institute of Medicine, 2000

3. How strong is the evidence connecting early childhood development programs with health?

There is very strong evidence that social disadvantages experienced in childhood can limit children's opportunities for health throughout life. At the same time, however, there also is strong evidence that it is possible to intervene in early childhood, breaking the vicious cycle (from social disadvantage to health disadvantage to more social disadvantage). Knowledge accumulated over the past 40 years supports the conclusion

that children who participate in high-quality early childhood development (ECD) programs experience a range of immediate and long-term health benefits. These health benefits are in addition to cognitive gains and better academic achievement measured in the short term and lower rates of delinquency and arrests later in adolescence—which themselves have strong health effects. The impact appears universal but is particularly great for socially disadvantaged children, for whom early child care, education and family support programs can act as buffers, providing stability and stimulation to the children and strengthening parents' ability to meet children's developmental needs at home.

THE EVIDENCE LINKING EARLY CHILDHOOD EXPERIENCES WITH HEALTH

Relevant studies can be divided into two major categories: (1) studies of child development and its health consequences, showing that early childhood experiences affect health indirectly by affecting children's mental, behavioral and physical development; and (2) studies of early child development (ECD) interventions, which provide strong evidence that ECD programs: (a) directly affect health and health care and (b) indirectly affect health by affecting social outcomes with well-established health consequences.

1. **Studies of early childhood experience and its links with health**: Research findings have consistently shown that (a) *social experiences in early childhood are linked to brain, cognitive, and behavioral development*; and (b) *brain, cognitive and behavioral development are in turn strongly linked—often through effects on educational attainment—to an array of important health outcomes*, particularly later in life. Examples of adult health outcomes linked to early child development by connecting the dots between these two bodies of knowledge include cardiovascular disease and stroke, hypertension, diabetes, obesity, smoking, drug use and depression; these conditions account for a major portion of preventable morbidity and premature mortality in the United States.

2. **Studies of ECD programs (see Table 2)**:

   a) Findings from observational and experimental studies provide evidence of *direct links between particular ECD programs and important health and health care outcomes.* The evidence linking ECD programs directly to health outcomes is less extensive than for social outcomes, but it is important to note that the health effects of interventions in early childhood often do not manifest until middle or later adulthood and few evaluations have followed subjects for several decades. Despite this limitation, *health outcomes* directly linked with ECD programs have been documented, including child injuries, child abuse/maltreatment, depressive symptoms, and health-promoting and health-damaging behaviors such as improved eating habits and hygiene and reduced use of marijuana. Many studies have directly linked particular ECD interventions with *optimal use of health services*, including health screenings, childhood immunizations, fewer hospital days and fewer emergency room visits.

   b) Experimental and observational studies *indirectly link particular ECD interventions with health outcomes by demonstrating their impact on social outcomes that have well-established and important health consequences.* These outcomes include, for example, teen pregnancy, cognitive development, school performance, IQ, placement in special education, and/or educational attainment, employment (of the child's mother and of the child in adulthood), income, delinquency and criminal behavior/arrests/incarceration.

Table 1 briefly describes several of the most well known and well evaluated early child development programs in the United States; it also notes estimates of the programs' potential impact in monetary terms. Table 2 summarizes results of studies of these programs, giving an overview of the range of important health and health-related outcomes that have been demonstrated in association with them.[8] Studies of ECD interventions provide strong evidence that these programs (a) directly affect health and health care and (b) indirectly affect health by affecting multiple social outcomes with well-established health consequences.

4. Successful early childhood development programs often have been multi-faceted. Do we know what specific components work?

A report issued by the Institute of Medicine (IOM) in 2000 concluded that "the general question of whether early childhood programs can make a difference has been asked and answered in the affirmative innumerable times." The questions in need of investigation are about the most effective and efficient ways of intervening in early childhood, especially, according to the IOM report, among "children and families who face differential opportunities and vulnerabilities."[9]

There is wide consensus that key elements of ECD programs include early education and stimulation for preschool children along with support and training for parents and caregivers to improve children's experiences at home and in the community. Some studies have concluded that programs need to be sustained over multiple years to have lasting effects. Highly trained and responsive caregivers, small class sizes with low child-teacher ratios, safe and adequate physical environments and age-appropriate activities focused on enhancing the cognitive and socio-emotional development of the child are often cited as hallmarks of high-quality child development and day care centers.

Some of the well-evaluated ECD programs have provided a range of services to parents and families in addition to education and stimulation for the children. The Perry Preschool and the Chicago Child-Parent Centers programs tried to improve the parent-child relationship and increase parental involvement in the child's education through parental education and participation. The Nurse-Family Partnership and Parents as Teachers provide parent training and supportive guidance with the goal of increasing parents' self-efficacy and life skills. Head Start and the Carolina Abecedarian Project have provided health care, nutrition and social services to participants and their parents. In addition to child care and early education, a range of policies and programmatic interventions can support the healthy development of infants and young children. They include work-based income supplements for the working poor, paid maternity and parental leave, workplace policies promoting and supporting breastfeeding, periodic developmental screening and follow-up services, and environmental protection policies.

Major business groups have advocated universal high-quality pre-school as an essential means of achieving a productive — which means both a healthy and educated — future workforce.

5. Investing in early child development to achieve America's health and economic potential

Several national business organizations—including the Committee for Economic Development (CED), PNC Financial Services Group, and the Business Roundtable—as well as Nobel Prize-winning economist James J. Heckman and economists Arthur Rolnick and Rob Grunewald of the Federal Reserve Bank of Minneapolis have called for universal early childhood development programs as a wise financial investment in the future U.S. workforce.[10]

A larger investment in early child development would benefit the overall economy of the United States. Children who participate in ECD programs are more likely to have the necessary skills—such as abstract reasoning, problem solving and communication—to meet the demands of tomorrow's work force. A cost-benefit analysis of the Perry Preschool program estimated that approximately 80 percent of the monetary benefits of the program are benefits to the general public, with the remaining 20 percent accruing to the individual children and/or the adults they will become.[11] Children who participate in ECD programs are more likely to be healthy and have

higher earnings and are less likely to commit crime and receive public assistance. These benefits translate into tremendous savings for society.

Based on current knowledge, it is reasonable to expect large returns—in human and economic terms—on investment in high-quality early child development programs; at the same time, we must realize that this is a long-term investment, with benefits that may not be measurable for years. If we can, however, take the long view, current knowledge tells us that investing in improving children's development at the beginning of life is probably the most effective strategy for realizing the health potential of all Americans.

Investing in improving children's development at the beginning of life is probably the most effective strategy for realizing the health potential of all Americans.

ABOUT THE ROBERT WOOD JOHNSON FOUNDATION

The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful and timely change. For more than 35 years, the Foundation has brought experience, commitment, and a rigorous, balanced approach to the problems that affect the health and health care of those it serves. When it comes to helping Americans lead healthier lives and get the care they need, the Foundation expects to make a difference in your lifetime.

ABOUT THE COMMISSION TO BUILD A HEALTHIER AMERICA

The Robert Wood Johnson Foundation Commission to Build a Healthier America was a national, independent, non-partisan group of leaders that released 10 recommendations to dramatically improve the health for all Americans. www.commissiononhealth.org

ABOUT THIS ISSUE BRIEF SERIES

This issue brief is one in a series of ten on the social determinants of health. The series began as a product of the Robert Wood Johnson Foundation Commission to Build a Healthier America and continues as a part of the Foundation's Vulnerable Populations portfolio. www.rwjf.org/vulnerablepopulations

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- Early Childhood Research Collaborative, http://www.earlychildhoodrc.org/
- National Institute for Early Education Research, http://nieer.org/
- National Scientific Council on the Developing Child, http://www.developingchild.net/

TABLE 1: WHAT ARE THE COMPONENTS OF PROMISING EARLY CHILDHOOD DEVELOPMENT PROGRAMS? AND WHAT DO WE KNOW ABOUT THEIR ECONOMIC IMPACT?

Program	Description	Dollars saved for every dollar spent on early childhood development*
Nurse-Family Partnership	Intensive home-visiting program providing medical and psychosocial service beginning during pregnancy and continuing 2 years postpartum for first-time mothers who are generally young, unmarried and/or of low socioeconomic status.	Participants were followed to age 15: Overall sample: $2.88 saved for every $1 spent • Higher-risk sample (both unmarried and low income/education): $5.70 for every $1 spent • Lower-risk sample (unmarried or low income/education but generally not both): $1.26 for every $1 spent
Early Head Start	Federally funded community-based program for low-income pregnant women and families with children up to age 3. Provides family and child development services using a range of strategies (variable across sites) such as home visiting, parenting education, child care, health care and family support.	Not available
Carolina Abecedarian Project	Center-based program operating from 1972-1985 for infants at high-risk for developmental delays and school failure. Emphasized language development. Pre-school and elementary school components. Health, nutrition and social services.	Participants were followed to age 21: $3.23 saved for every $1 spent
High/Scope Perry Preschool Project	Center-based early childhood education for low-income, African-American pre-schoolers with low IQ scores. Conducted in Ypsilanti, MI from 1962-1967. Participatory learning approach. Daily classroom sessions emphasized learning through active and direct child-initiated experiences. Weekly home visits to strengthen the parent-child relationship and increase parent involvement in the child's education.	Participants were followed to age 27: $5.15 to $8.74 saved for every $1 spent, (depending on how crime costs were calculated) Participants were followed to age 40: $17.07 saved for every $1 spent
Chicago Child-Parent Center Program	Federally funded, center-based program providing preschool and K-3 education to children living in high-poverty Chicago school neighborhoods eligible for Title I funding. Emphasizes parent participation and a child-centered, individualized approach to social and cognitive development.	Participants were followed to age 21: $7.14 saved for every $1 spent
Head Start	Federally funded, comprehensive community-based early child development program focused on improving school readiness among children ages 3 to 5 years in low-income families. Programs vary across sites.	Not available

Monetary costs and savings (discounted to 2003 dollars) were determined by estimating the costs/savings associated with child care, child health, education, labor force participation, use of welfare programs, crime, smoking, substance abuse and childbearing. Costs and savings may be based on outcomes for the child, parent and/or the child's descendant.

* Due to differences in the outcomes measured and in the follow-up periods, the savings-cost ratios should not be used to compare programs.

Source: Karoly LA, Kilburn MR and Cannon JS. *Early Childhood Interventions: Proven Results, Future Promise*. MG-341. Santa Monica, CA: The RAND Corporation, 2005.

TABLE 2: HOW DO EARLY CHILDHOOD DEVELOPMENT PROGRAMS AFFECT HEALTH? PROGRAM HIGHLIGHTS
Impact on child participants during their childhood, adolescence and adulthood*

Early childhood development programs	Health, health behaviors and health services	Social outcomes that affect health				
		Children's socio-emotional and/or cognitive development	Educational outcomes	Adult employment and earnings	Adult social services use	Crime
Nurse-Family Partnership	↓ Child abuse ↓ Sex partners (teen) ↓ Alcohol consumption (teen) ↓ Emergency room visits (child) ↓ Hospital days (child)	↑ Positive social/emotional behaviors ↑ Achievement test scores				↓ Arrests, convictions and violations of probation (teen)
Early Head Start		↑ Positive social/emotional behaviors ↑ Achievement test scores				
Carolina Abecedarian Project	↓ Depressive symptoms[†] (adult) ↓ Teen pregnancy ↓ Marijuana use (adult)	↑ IQ scores ↑ Achievement test scores	↓ Special education placement (child/teen) ↓ Grade retention (child/teen) ↑Years of completed schooling (adults) ↑Ever attended four-year college (adults)	↑ Skilled employment		
High/Scope Perry Preschool Project	↓ Teen pregnancy.	↑ IQ scores ↑ Achievement test scores	↓ Special education placement (child/teen) ↑ High school graduation (adult)	↑ Employment ↑ Earnings ↑ Income	↓ Use of social services	↓ Arrests (teen/adult) ↓ Arrests for violent crimes (adults) ↓Time in prison/jail (adults)
Chicago Child-Parent Center Program	↓ Child abuse ↓ Depressive symptoms[a,‡] (adult)	↑ Social competence ↑ Achievement test scores	↓ Special education placement (child/teen) ↓ Grade retention (child/teen) ↑ High school graduation (adult) ↑ Highest grade completed (adult) ↑Ever attended four-year college (adults)			↓ Delinquency (teen) ↓ Felony arrests (adults) ↓ Incarcerations (adults)
Head Start	↑ Positive health behaviors (child) ↑ Immunizations (child)	↑ IQ scores	↓ Grade retention (child) ↑ High school graduation (white adults) ↑ College attendance (white adults)			↓ Booked or charged with crime (black adults)

*This does not include impact on the children's parents. "Children" includes teenagers.

↑ = The program was associated with an increase in the specified outcome. ↓ = The program was associated with a decrease in the specified outcome.

[a] p-value=0.06, all other results were statistically significant at the $p \leq 0.05$ level.

[†]From McLaughlin AE, Campbell FA, Pungello EP et al. "Depressive symptoms in young adults: The influences of the early home environment and early educational child care." Child Development, 78(3):746-756, 2007

[‡]From Reynolds AJ, Temple JA, Ou S et al. "Effects of a school-based, early childhood intervention on adult health and well-being: A 19-year follow-up of low-income families." Archives of Pediatrics & Adolescent Medicine, 161(8):730-739, 2007

Adapted from Tables S.2 and S.3 in Karoly LA, Kilburn MR and Cannon JS. *Early Childhood Interventions: Proven Results, Future Promise.* MG-341. Santa Monica, CA: The RAND Corporation, 2005.